



Dillon Credit Union

DILLON CREDIT UNION

2704 N. Lorraine

Hutchinson, KS 67502

Phone: (620) 669-8500 - Fax: (620) 665-5791

Toll Free Number: 1-800-669-8500

Web Address: www.DillonCU.com

Member Application Form

Account Type

Savings:

Checking:

Suffix*

All of the terms, condition, form of account ownership, account selection and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.

*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Member Application and Ownership Information

* Required information

Member No.

* **Member/Owner:**

* Street:

* City/State/Zip:

* Home Phone:

* Cell Phone:

Work Phone:

* Membership Eligibility:

* SSN/TIN:

* Driver's Lic. No:

* Driver's Lic. No. Exp. Date:

* Date of Birth:

Password:

Employer:

E-mail:

TIN Certification and Backup Withholding Information

Under Penalties of perjury, I certify that:

- (1) **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued),**
- (2) **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- (3) **I am a U.S. person (including a U.S. resident alien).**

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____
(Signature) Date

X _____
(Signature) Date

X _____
(Signature) Date

X _____
(Signature) Date

Account Ownership

Designate the ownership of the accounts and responsibility for the services requested. If adding a joint owner, the following fields are required: Joint Owner, SSN/TIN, Street, City/State/Zip, Driver's License No & Expiration Date, Date of Birth, and Home Phone.

Individual

Joint Account with Rights of Survivorship

Joint Account without Rights of Survivorship

Joint Owner:

Street:

City/State/Zip:

Home Phone:

Cell Phone:

Work Phone:

SSN/TIN:

Driver's Lic. No:

Driver's Lic. No. Exp. Date:

Date of Birth:

E-mail:

Joint Owner:

Street:

City/State/Zip:

Home Phone:

Cell Phone:

Work Phone:

SSN/TIN:

Driver's Lic. No:

Driver's Lic. No. Exp. Date:

Date of Birth:

E-mail:

Account Designations

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee:

Street:

City/State/Zip:

UTMA/UGMA (as custodian for
Uniform Transfers/Gifts to Minors Act)

Beneficiary/POD Payee:

Street:

City/State/Zip:

Minor's SSN/TIN:

(minor) under the

Agency

Agent only for HSA

Print Name of Agent:

Signature:

Date:

Other:

See Account Authorization Card